

Donald Werner, Esquire
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Attorney for Plaintiff

Frank Constantino,

Plaintiff,

vs.

ACE Property & Casualty Insurance Company, Chubb
Insurance Company, Metropolitan Property and
Casualty Insurance Company a/k/a MetLife Auto &
Home, John Doe, 1-5, Names Being Fictitious and
Unknown, and ABC Corporation, 1-5, Names Being
Fictitious and Unknown,

Defendant(s)

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ESSEX

DOCKET NO.: ESX-L-4788-17

CIVIL ACTION

SUMMONS

From the State of New Jersey
To the Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basics for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (The address of each deputy clerk of the Superior Court is provided.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Clerk of the Superior Court, and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live. A list of these offices is provided. If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A list of these numbers is also provided.

Dated: August 17, 2017

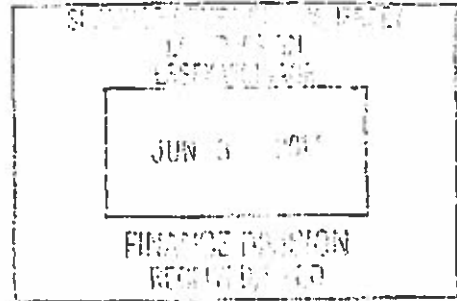

Michelle M. Smith, Superior Court Clerk

Name of Defendant to Be Served: Chubb Insurance Company

Address of Defendant to Be Served: 15 Mountainview Road, Warren, New Jersey 07059

DONALD WERNER, ESQUIRE
744 Broad Street, Suite 522
Newark, New Jersey 07102
(973) 623-0053, Fax: (973) 623-1765
Attorney ID: 199521961

Attorney for Plaintiff(s)



FRANK CONSTANTINO,

Plaintiff's

Vs.

**ACE PROPERTY & CASUALTY INSURANCE
COMPANY, CHUBB INSURANCE COMPANY,
METROPOLITAN PROPERTY AND
CASUALTY INSURANCE COMPANY a/k/a
METLIFE AUTO & HOME, JOHN DOE, 1-5,
Names Being Fictitious and Unknown, and ABC
INSURANCE CORPORATIONS, 1-5, Names
Being Fictitious and Unknown,**

Defendant(s)

**SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ESSEX COUNTY**

Docket No. **L 4788-17**

CIVIL ACTION

**COMPLAINT, JURY DEMAND
AND CERTIFICATION**

Plaintiff, Frank Constantino, residing at 540 Joralemon Street in Belleville, New Jersey, complaining of the Defendants, states:

FIRST COUNT

1. On or about **NOVEMBER 1, 2014** Plaintiff, **FRANK CONSTANTINO**, was a pedestrian loading and unloading from a motor vehicle belonging to Cali Carting, Inc., and insured by Defendants, **ACE PROPERTY & CASUALTY INSURANCE COMPANY and CHUBB INSURANCE COMPANY** on Harrison Avenue in Harrison, New Jersey.
2. At said time and place an unknown uninsured driver operating an uninsured vehicle struck the Plaintiff and fled the scene of the accident.
3. Upon due diligence, insurance coverage was never determined for said fleeing uninsured vehicle.

4. The uninsured Defendant controlled, maintained and/or operated his or her motor vehicle in a careless, negligent and reckless manner and caused his or her vehicle to strike Plaintiff and Plaintiff, **FRANK CONSTANTINO**, was severely injured.
5. At said time and place the Defendants, **JOHN DOE, 1-5 Names being Fictitious and Unknown**, and **ABC INSURANCE CORPORATIONS, 1-5 Names being Fictitious and Unknown**, were other owners, operators, employers, employees, lessors, lessees or other persons who would benefit by the operation of the vehicle or other persons or entities who caused or contributed to the accident in some way as yet unknown.
6. On said date and time, the Plaintiff, **FRANK CONSTANTINO**, was operating a vehicle insured by the Defendant, **ACE PROPERTY & CASUALTY INSURANCE COMPANY** and **CHUBB INSURANCE COMPANY** under policy number H08789423.
7. There is a clause in Defendant's insurance policy regarding Uninsured Motorists Coverage Procedures.
8. Defendants, **ACE PROPERTY & CASUALTY INSURANCE COMPANY** and **CHUBB INSURANCE COMPANY**, invoked the option of having this Uninsured Motorists Claim handled in the court of competent jurisdiction (Superior Court of New Jersey) pursuant to the provision of said policy.
9. As a direct and proximate result of the aforesaid carelessness, negligence and recklessness of the Defendants, Plaintiff, **FRANK CONSTANTINO**, was violently tossed about, sustained injuries causing permanent disability, permanent significant disfigurement, permanent loss of bodily function, lost time from work and suffered an impairment in earning capacity, has incurred or in the future will incur expenses for the treatment of said injuries in excess of the applicable threshold, has been disabled and will in the future be disabled and not able to perform his usual functions, has been caused and in the future will be caused great pain and suffering, has been deprived and in the future will be deprived of his right to the enjoyment of life.

WHEREFORE, Plaintiff, **FRANK CONSTANTINO**, demands Judgement against the Defendant together with interest and costs of suit.

SECOND COUNT

1. Plaintiff, **FRANK CONSTANTINO**, repeats and adopts the allegations set forth in the First Count and inserts them herein as if repeated in length.
2. On said date and time, the Plaintiff, **FRANK CONSTANTINO**, was personally insured with the Defendant, **METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY a/k/a METLIFE AUTO & HOME**, under policy number 6753847010 and had an active motor vehicle insurance policy with the Defendant, **METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY a/k/a METLIFE AUTO & HOME**.
3. There is a clause in Plaintiff's insurance policy with the Defendant regarding Uninsured Motorist Coverage Procedures.
4. Defendant, **METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY a/k/a METLIFE AUTO & HOME**, invoked the option of having this Uninsured Motorists Claim handled in the court of competent jurisdiction (Superior Court of the State of New Jersey) pursuant to the provisions of said policy.
5. As a direct and proximate result of the aforesaid carelessness, negligence and recklessness of the uninsured vehicle, Plaintiff, **FRANK CONSTANTINO**, was violently tossed about, sustained injuries causing permanent disability, permanent significant disfigurement, permanent loss of bodily function, lost time from work and suffered an impairment in earning capacity, has incurred or in the future will incur expenses for the treatment of said injuries in excess of the applicable threshold, has been disabled and will in the future be disabled and not able to perform his usual functions, has

been caused and in the future will be caused great pain and suffering, has been deprived and in the future will be deprived of his right to the enjoyment of life.

WHEREFORE, Plaintiff, **FRANK CONSTANTINO**, demands Judgement against the Defendants together with interest and costs of suit.

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a Trial by jury as to all issues involved herein.

DEMAND FOR INSURANCE COVERAGE

In accordance with Rule 4:10-2, Defendants are demanded to provide a complete copy of their applicable liability insurance policies including any excess or umbrella policies with declaration sheets within thirty (30) days of service of this complaint.

DEMAND FOR INTERROGATORIES

Plaintiff demands that Defendants answer Form C and C1 Interrogatories.

CERTIFICATION


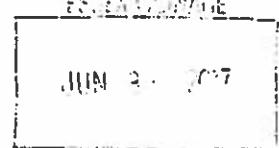

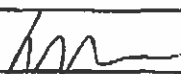
I hereby certify that this matter is not the subject of any other action pending in any Court or pending Arbitration proceeding, nor is any other action or Arbitration proceeding contemplated. All parties known to Plaintiff at this time, who should have been joined in this action, have been joined.

DATED: June 20, 2017



DONALD WERNER, ESQUIRE

Appendix XII-B1

 CIVIL CASE INFORMATION STATEMENT (CIS) Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1 Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or attorney's signature is not affixed		FOR USE BY CLERK'S OFFICE ONLY	
		PAYMENT TYPE <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA	CHG/CK NO.
ATTORNEY / PRO SE NAME Donald Werner, Esquire		TELEPHONE NUMBER (973) 623-0053	COUNTY OF VENUE Essex
FIRM NAME (if applicable) Law Office of Donald Werner		DOCKET NUMBER (when available) L 4788-17	
OFFICE ADDRESS 744 Broad Street, Suite 522 Newark, New Jersey 07102		DOCUMENT TYPE Complaint	
		JURY DEMAND <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PARTY (e.g., John Doe Plaintiff) Frank Constantino, Plaintiff		CAPTION Frank Constantino vs. Ace Property & Casualty Insurance Company, Chubb Insurance Company, Metropolitan Property and Casualty Insurance Company a/k/a MetLife Auto & Home, John Doe, 1-5, Name	
CASE TYPE NUMBER (See reverse side for listing) 621	HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT	
RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, LIST DOCKET NUMBERS	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) Ace Property & Casualty Insurance Company, Chubb Insurance Company, Metropolitan Property and Casualty Insurance Company, MetLife Auto & Home, John Doe, 1-5, Name <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN	
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.			
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION			
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, IS THAT RELATIONSHIP <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILY <input type="checkbox"/> BUSINESS	
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION			
 DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION	
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, FOR WHAT LANGUAGE?	
I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).			
ATTORNEY SIGNATURE 			

Side 2



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under Rule 4 5-1

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I - 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 BOOK ACCOUNT (debt collection matters only)
- 505 OTHER INSURANCE CLAIM (including declaratory judgment actions)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM (coverage issues only)
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 512 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (summary action)
- 999 OTHER (briefly describe nature of action)

Track II - 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603N AUTO NEGLIGENCE - PERSONAL INJURY (non-verbal threshold)
- 603Y AUTO NEGLIGENCE - PERSONAL INJURY (verbal threshold)
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE - PROPERTY DAMAGE
- 621 UM or UIM CLAIM (includes bodily injury)
- 699 TORT - OTHER

Track III - 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 608 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV - Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 503 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 514 INSURANCE FRAUD
- 620 FALSE CLAIMS ACT
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Multicounty Litigation (Track IV)

- | | |
|---|---|
| <ul style="list-style-type: none"> 271 ACCUTANE/ISOTRETINOIN 274 RISPERDAL/SEROQUEL/ZYPREXA 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL 282 FOSAMAX 285 STRYKER TRIDENT HIP IMPLANTS 286 LEVAQUIN 287 YAZ/YASMIN/OCELLA 289 REGLAN 290 POMPTON LAKES ENVIRONMENTAL LITIGATION 291 PELVIC MESH/GYNECARE | <ul style="list-style-type: none"> 292 PELVIC MESH/BARD 293 DEPUY ASR HIP IMPLANT LITIGATION 295 ALLODERM REGENERATIVE TISSUE MATRIX 296 STRYKER REJUVENATE/ABG II MODULAR HIP STEM COMPONENTS 297 MIRENA CONTRACEPTIVE DEVICE 299 OLMESARTAN MEDOXOMIL MEDICATIONS/BENICAP 300 TALC-BASED BODY POWDERS 601 ASBESTOS 623 PROPECIA 624 STRYKER LFIT CoCr V40 FEMORAL HEADS |
|---|---|

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category

☐ Putative Class Action

☐ Title 59

Page 1 of 3 Pages		New Jersey Police Crash Investigation Report		Responsible		Non-Responsible		Change Report	
04	1 Case Number	14-011299		10 Crash Occurred On:		Harrison Avenue		13 Street Length	
07	2 Police Dept of	Harrison Police Department		11 Intersection with		Church Square		14 Mile Post	
06	3 Station/precinct	20		12 Route No.		25		15 Mile Post	
07	4 Date of Crash	11/01/2014		16 Time (Over 2400 hrs)		04:34		17 Cross Road Name	
02	5 Day of Week	Saturday		18 Month/Day		09/04		18 Rate Name	
02	6 Time	04:34		19 Total		-0		19 Length	
02	7 Vehicle No.	1		20 Police No.		1		20 Rate Name	
02	8 Policy No.	1		21 Ins Code		1		21 Ins Code	
02	9 Vehicle	1		22 Ins Code		1		22 Ins Code	
02	10 Driver's First Name	Initial		23 Sex		1		23 Sex	
02	11 Number and Street	30 Byn		24 Driver's First Name		Initial		24 Sex	
01	12 City	State		25 City		State		25 Sex	
13	13 State	26 Driver's License No.		27 DOB		28 Expires		28 Expires	
	14 Owner's First Name	Initial		29 Sex		30 Driver's License No.		31 DOB	
	15 Number and Street	32 Byn		33 Driver's First Name		Initial		33 Sex	
	16 City	State		34 City		State		34 Sex	
	17 State	35 Driver's License No.		36 DOB		37 Expires		37 Expires	
	18 Owner's First Name	Initial		38 Sex		39 Driver's License No.		40 DOB	
	19 Number and Street	41 Byn		42 Driver's First Name		Initial		42 Sex	
	20 City	State		43 City		State		43 Sex	
	21 State	44 Driver's License No.		45 DOB		46 Expires		46 Expires	
	22 Owner's First Name	Initial		47 Sex		48 Driver's License No.		49 DOB	
	23 Number and Street	50 Byn		51 Driver's First Name		Initial		51 Sex	
	24 City	State		52 City		State		52 Sex	
	25 State	53 Driver's License No.		54 DOB		55 Expires		55 Expires	
	26 Owner's First Name	Initial		56 Sex		57 Driver's License No.		58 DOB	
	27 Number and Street	59 Byn		60 Driver's First Name		Initial		60 Sex	
	28 City	State		61 City		State		61 Sex	
	29 State	62 Driver's License No.		63 DOB		64 Expires		64 Expires	
	30 Owner's First Name	Initial		65 Sex		66 Driver's License No.		67 DOB	
	31 Number and Street	68 Byn		69 Driver's First Name		Initial		69 Sex	
	32 City	State		70 City		State		70 Sex	
	33 State	71 Driver's License No.		72 DOB		73 Expires		73 Expires	
	34 Owner's First Name	Initial		74 Sex		75 Driver's License No.		76 DOB	
	35 Number and Street	77 Byn		78 Driver's First Name		Initial		78 Sex	
	36 City	State		79 City		State		79 Sex	
	37 State	80 Driver's License No.		81 DOB		82 Expires		82 Expires	
	38 Owner's First Name	Initial		83 Sex		84 Driver's License No.		85 DOB	
	39 Number and Street	86 Byn		87 Driver's First Name		Initial		87 Sex	
	40 City	State		88 City		State		88 Sex	
	41 State	89 Driver's License No.		90 DOB		91 Expires		91 Expires	
	42 Owner's First Name	Initial		92 Sex		93 Driver's License No.		94 DOB	
	43 Number and Street	95 Byn		96 Driver's First Name		Initial		96 Sex	
	44 City	State		97 City		State		97 Sex	
	45 State	98 Driver's License No.		99 DOB		100 Expires		100 Expires	
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	47 Number and Street	104 Byn		105 Driver's First Name		Initial		105 Sex	
	48 City	State		106 City		State		106 Sex	
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	51 Number and Street	113 Byn		114 Driver's First Name		Initial		114 Sex	
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	54 Owner's First Name	Initial		119 Sex		120 Driver's License No.		121 DOB	
	55 Number and Street	122 Byn		123 Driver's First Name		Initial		123 Sex	
	56 City	State		124 City		State		124 Sex	
	57 State	125 Driver's License No.		126 DOB		127 Expires		127 Expires	
	58 Owner's First Name	Initial		128 Sex		129 Driver's License No.		130 DOB	
	59 Number and Street	131 Byn		132 Driver's First Name		Initial		132 Sex	
	60 City	State		133 City		State		133 Sex	
	61 State	134 Driver's License No.		135 DOB		136 Expires		136 Expires	
	62 Owner's First Name	Initial		137 Sex		138 Driver's License No.		139 DOB	
	63 Number and Street	140 Byn		141 Driver's First Name		Initial		141 Sex	
	64 City	State		142 City		State		142 Sex	
	65 State	143 Driver's License No.		144 DOB		145 Expires		145 Expires	
	66 Owner's First Name	Initial		146 Sex		147 Driver's License No.		148 DOB	
	67 Number and Street	149 Byn		150 Driver's First Name		Initial		150 Sex	
	68 City	State		151 City		State		151 Sex	
	69 State	152 Driver's License No.		153 DOB		154 Expires		154 Expires	
	70 Owner's First Name	Initial		155 Sex		156 Driver's License No.		157 DOB	
	71 Number and Street	158 Byn		159 Driver's First Name		Initial		159 Sex	
	72 City	State		160 City		State		160 Sex	
	73 State	161 Driver's License No.		162 DOB		163 Expires		163 Expires	
	74 Owner's First Name	Initial		164 Sex		165 Driver's License No.		166 DOB	
	75 Number and Street	167 Byn		168 Driver's First Name		Initial		168 Sex	
	76 City	State		169 City		State		169 Sex	
	77 State	170 Driver's License No.		171 DOB		172 Expires		172 Expires	
	78 Owner's First Name	Initial		173 Sex		174 Driver's License No.		175 DOB	
	79 Number and Street	176 Byn		177 Driver's First Name		Initial		177 Sex	
	80 City	State		178 City		State		178 Sex	
	81 State	179 Driver's License No.		180 DOB		181 Expires		181 Expires	
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	83 Number and Street	185 Byn		186 Driver's First Name		Initial		186 Sex	
	84 City	State		187 City		State		187 Sex	
	85 State	188 Driver's License No.		189 DOB		190 Expires		190 Expires	
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	87 Number and Street	194 Byn		195 Driver's First Name		Initial		195 Sex	
	88 City	State		196 City		State		196 Sex	
	89 State	197 Driver's License No.		198 DOB		199 Expires		199 Expires	
	90 Owner's First Name	Initial		200 Sex		201 Driver's License No.		202 DOB	
	91 Number and Street	203 Byn		204 Driver's First Name		Initial		204 Sex	
	92 City	State		205 City		State		205 Sex	
	93 State	206 Driver's License No.		207 DOB		208 Expires		208 Expires	
	94 Owner's First Name	Initial		209 Sex		210 Driver's License No.		211 DOB	
	95 Number and Street	212 Byn		213 Driver's First Name		Initial		213 Sex	
	96 City	State		214 City		State		214 Sex	
	97 State	215 Driver's License No.		216 DOB		217 Expires		217 Expires	
	98 Owner's First Name	Initial		218 Sex		219 Driver's License No.		220 DOB	
	99 Number and Street	221 Byn		222 Driver's First Name		Initial		222 Sex	
	100 City	State		223 City		State		223 Sex	
	101 State	224 Driver's License No.		225 DOB		226 Expires		226 Expires	
	102 Owner's First Name	Initial		227 Sex		228 Driver's License No.		229 DOB	
	103 Number and Street	230 Byn		231 Driver's First Name		Initial		231 Sex	
	104 City	State		232 City		State		232 Sex	
	105 State	233 Driver's License No.		234 DOB		235 Expires		235 Expires	
	106 Owner's First Name	Initial		236 Sex		237 Driver's License No.		238 DOB	
	107 Number and Street	239 Byn		240 Driver's First Name		Initial		240 Sex	
	108 City	State		241 City		State		241 Sex	
	109 State	242 Driver's License No.		243 DOB		244 Expires		244 Expires	
	110 Owner's First Name	Initial		245 Sex		246 Driver's License No.		247 DOB	
	111 Number and Street	248 Byn		249 Driver's First Name		Initial		249 Sex	
	112 City	State		250 City		State		250 Sex	
	113 State	251 Driver's License No.		252 DOB		253 Expires		253 Expires	
	114 Owner's First Name	Initial		254 Sex		255 Driver's License No.		256 DOB	
	115 Number and Street	257 Byn		258 Driver's First Name		Initial		258 Sex	
	116 City	State		259 City		State		259 Sex	
	117 State	260 Driver's License No.		261 DOB		262 Expires		262 Expires	
	118 Owner's First Name	Initial		263 Sex		264 Driver's License No.		265 DOB	
	119 Number and Street	266 Byn		267 Driver's First Name		Initial		267 Sex	
	120 City	State		268 City		State		268 Sex	
	121 State	269 Driver's License No.		270 DOB		271 Expires		271 Expires	
	122 Owner's First Name	Initial		272 Sex		273 Driver's License No.		274 DOB	
	123 Number and Street	275 Byn		276 Driver's First Name		Initial		276 Sex	
	124 City	State		277 City		State		277 Sex	
	125 State	278 Driver's License No.		279 DOB		280 Expires		280 Expires	
	126 Owner's First Name	Initial		281 Sex		282 Driver's License No.		283 DOB	
	127 Number and Street	284 Byn		285 Driver's First Name		Initial		285 Sex	
	128 City	State		286 City		State		286 Sex	
	129 State	287 Driver's License No.		288 DOB		289 Expires		289 Expires	
	130 Owner's First Name	Initial		290 Sex		291 Driver's License No.		292 DOB	
	131 Number and Street	293 Byn		294 Driver's First Name		Initial		294 Sex	
	132 City	State		295 City		State		295 Sex	
	133 State	296 Driver's License No.		297 DOB		298 Expires		298 Expires	
	134 Owner's First Name	Initial		299 Sex		300 Driver's License No.		301 DOB	
	135 Number and Street	302 Byn		303 Driver's First Name		Initial		303 Sex	
	136 City	State		304 City		State		304 Sex	
	137 State	305 Driver's License No.		306 DOB		307 Expires		307 Expires	
	138 Owner's First Name	Initial		308 Sex		309 Driver's License No.		310 DOB	
	139 Number and Street	311 Byn		312 Driver's First Name		Initial		312 Sex	
	140 City	State		313 City		State		313 Sex	
	141 State	314 Driver's License No.		315 DOB		316 Expires		316 Expires	
	142 Owner's First Name	Initial		317 Sex		318 Driver's License No.		319 DOB	
	143 Number and Street	320 Byn		321 Driver's First Name		Initial		321 Sex	
	144 City	State		322 City		State		322 Sex	
	145 State	323 Driver's License No.		324 DOB		325 Expires		325 Expires	
	146 Owner's First Name	Initial		326 Sex		327 Driver's License No.		328 DOB	
	147 Number and Street	329 Byn		330 Driver's First Name		Initial		330 Sex	
	148 City	State		331 City		State		331 Sex	
	149 State	332 Driver's License No.		333 DOB		334 Expires		334 Expires	
	150 Owner's First Name	Initial		335 Sex		336 Driver's License No.		337 DOB	
	151 Number and Street	338 Byn		339 Driver's First Name		Initial		339 Sex	
	152 City	State		340 City		State		340 Sex	
	153 State	341 Driver's License No.		342 DOB		343 Expires		343 Expires	
	154 Owner's First Name	Initial		344 Sex		345 Driver's License No.		346 DOB	
	155 Number and Street	347 Byn		348 Driver's First Name		Initial		348 Sex	
	156 City	State		349 City		State		349 Sex	
	157 State	350 Driver's License No.		351 DOB		352 Expires		352 Expires	
	158 Owner's First Name	Initial		353 Sex		354 Driver's License No.		355 DOB	
	159 Number and Street	356 Byn		357 Driver's First Name		Initial		357 Sex	
	160 City	State		358 City		State		358 Sex	
	161 State	359 Driver's License No.		360 DOB		361 Expires		361 Expires	
	162 Owner's First Name	Initial		362 Sex		363 Driver's License No.		364 DOB	
	163 Number and Street	365 Byn		366 Driver's First Name		Initial		366 Sex	
	164 City	State		367 City		State		367 Sex	
	165 State	368 Driver's License No.		369 DO					

Page 2 of 3

Approved

New Jersey Police Crash Investigation Report

Police Dept: Harrison Police

Code:

Motor Vehicle Crash Description

Station:

Case No: 14-011299

(Rate by vehicle by number)

	Ych	Pos	Elct	Phys	Age	Sex	Law	Type	Ref	Equip	Equip	Reg	Map	
	Occ	InjOcc		Cond			Inj	Inj	Mod	Avail	Used	Dist	Code	
A	10	04	03	04	27	28	09	00	01	02	03	04	05	Witness & Address of Occurrence - If Deceased, Date & Time of Death
B														
C														
D														
E														

133 Crash Description

BMS responded and transported Mr. Constantino to University Hospital (UMDNJ) for further treatment. Mr. Constantino had injuries to his back, neck and was bleeding from the back of his head. MONOC generated run # 160848. Mr. Constantino could not provide a description of the vehicle due to the extent of his injuries. He was advised that upon his release from the hospital to come to headquarters to provide a statement.

The vehicle that was being operated by Mr. Constantino was legally parked on Harrison Avenue by Supervisory Staff from Cali Carting and were awaiting a licensed driver to continue the collection route.

The surveillance footage of that intersection was reviewed by Lt. Daggett and Sgt. Loy and the suspect vehicle was last seen traveling East on Harrison Avenue disregarding the red traffic signal. The vehicle then proceeded North on Frank E Rodgers Blvd. towards the Town of Kearny. No further information or description of that vehicle could be obtained from the footage.

The suspect vehicle could only be described by the witness as a black four door vehicle, possibly a Toyota.

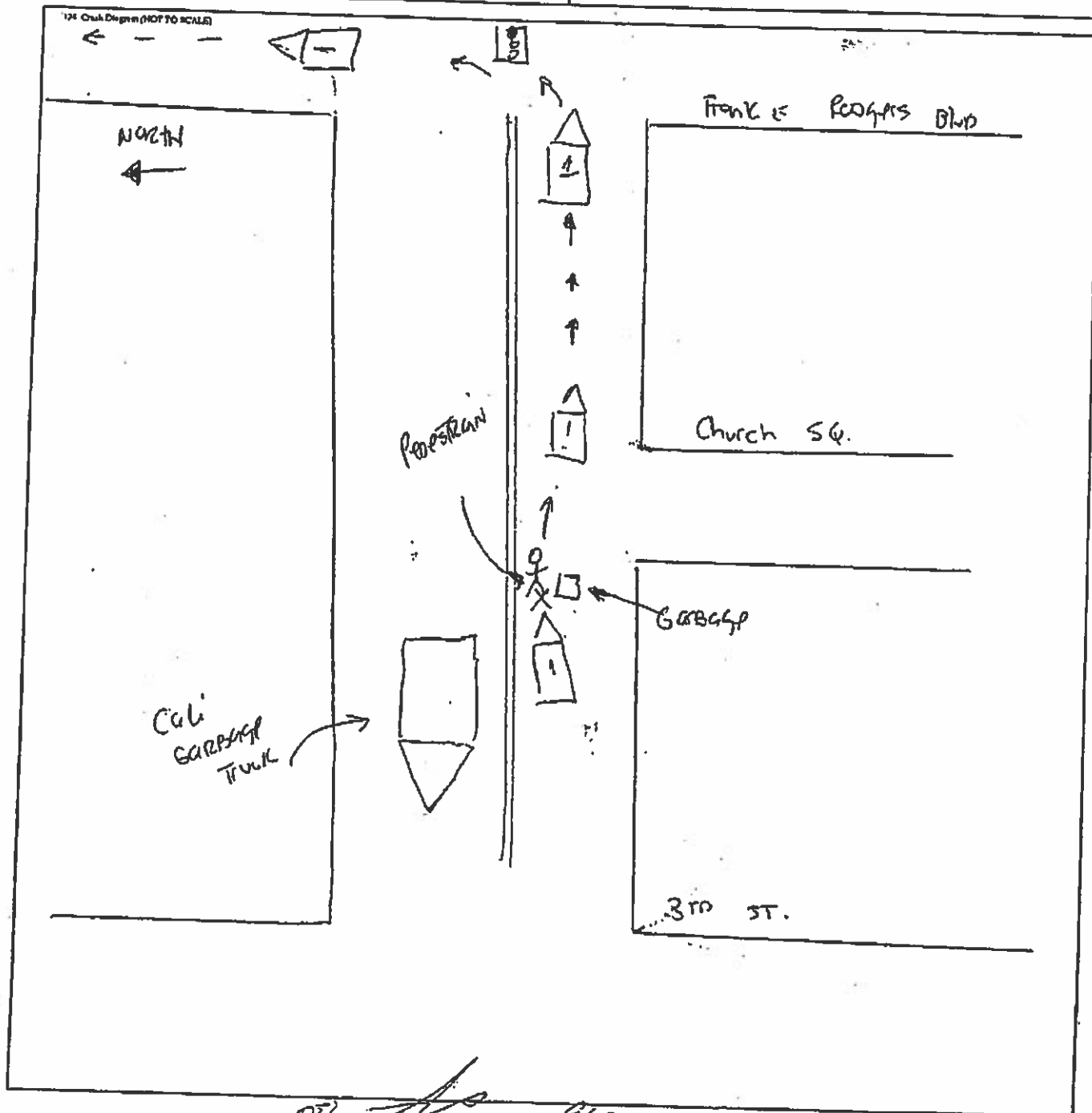
McChesney, Daniel

Officer's Signature

968

Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Diagram		Police Dept: <u>Marlton Police Department</u> Station:	APPROVED Code: Case No: <u>14-011299</u>
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NJTR-1B (rev. 01/2004)

Officer's Signature

Ref/pt Member

Hit & Run Pedestrian

Sent: 2014-11-01 @ 18:14

Case: 14-11304

Author: Sgt. T. Corblies #716



At approximately 04:40 hrs on Saturday November 1, 2014 this Agency received a report of a pedestrian struck on Harrison Avenue near No. 3rd St. The pedestrian (employed as a trash collector for Cali Carting) was in the process of collecting trash on Harrison Avenue when he was struck by a small 4 door dark colored vehicle which was traveling east on Harrison Avenue (NFD). Video footage shows the suspect vehicle continued east on Harrison Avenue then north on Frank E. Rodgers Blvd. towards the Town of Kearny.

The suspect vehicle should have significant damage (not sure where the damage is on the vehicle) due to the severe injuries sustained by the victim.

At the time of this bulletin we are unable to speak to the victim.

Any Agency with information is asked to contact ~~Sgt. Tom Corblies or D/Sgt. David Doyle @ 973-483-4101~~

Special Attention Kearny Police, East Newark Police and North Arlington Police

Harrison Police Department
973-483-4100